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## MDCH School Based Services Providers Database School Based Services Fee Screens (effective 07/01/2008)

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CODE	DESCRIPTION	MODIFIER	STATUS	EFFECTIVE DATE	FEE	AGE LIMITS	QUANTITY PER DAY
90804	Indiv Psych Ther Insight Orient (20-30 Min)		Α	10/1/2007	\$0.00	Under 21	1
90806	Indiv Psych Ther Insight Orient (45-50 Min)		Α	10/1/2007	\$0.00		1
90810	Indiv Psych Ther Interative (20-30 Min)		Α	10/1/2007	\$0.00	Under 21	1
90812	Indiv Psyc Ther Interactive (45-50 Min)		Α	10/1/2007	\$0.00	Under 21	1
90846	Family Psychotherapy w/o Pt (Enc)		Α	10/1/2007	\$0.00	Under 21	3
90847	Family Psychotherapy w Pt (Enc)		Α	10/1/2007	\$0.00	Under 21	3
90853	Group Psychotherapy Mult Fam (Enc)		Α	10/1/2007	\$0.00	Under 21	3
92506	Speech/Lang/Voice/Comm/Auditory Eval (Enc)		Α	10/1/2007	\$0.00	Under 21	2
92506	Speech/Lang/Voice/Comm/Auditory Eval (Enc)	TM	Α	10/1/2007	\$0.00	Under 21	2
92506	Speech/Lang/Voice/Comm/Auditory Eval (Enc)	HT	Α	10/1/2007	\$0.00		2
92507	Speech/Hearing Therapy (Enc)		Α	10/1/2007	\$0.00		1
92508	Speech/Hearing Therapy, Group (Enc)		Α	10/1/2007	\$0.00		1
96101	Psychological Testing by Psych/Phys (per hour)		Α	10/1/2007	\$0.00		5
96101	Psychological Testing by Psych/Phys (per hour)	HT	Α	10/1/2007	\$0.00		1
96110	Developmental Testing, Limited (Enc)		A	10/1/2007	\$0.00		2
96110	Developmental Testing, Limited (Enc)	TM	Α	10/1/2007	\$0.00		1
96110	Developmental Testing, Limited (Enc)	HT	Α	10/1/2007	\$0.00		2
96111	Developmental Testing, Extended (Enc)		A	10/1/2007	\$0.00		3
96111	Developmental Testing, Extended (Enc)	TM	Α	10/1/2007	\$0.00		3
96111	Developmental Testing, Extended (Enc)	HT	A	10/1/2007	\$0.00		2
96116	Neurobehavioral Status Exam (per hour)		Α	10/1/2007	\$0.00		5
96116	Neurobehavioral Status Exam (per hour)	HT	A	10/1/2007	\$0.00		1
96118	Neuropsych Testing by Psych/Phys (per hour)		Α	10/1/2007	\$0.00		5
96118	Neuropsych Testing by Psych/Phys (per hour)	HT	A	10/1/2007	\$0.00		1
97001	Physical Therapy Evaluation (Enc)		A	10/1/2007	\$0.00		1
97001	Physical Therapy Evaluation (Enc)	TM	A	10/1/2007	\$0.00		1
97001	Physical Therapy Evaluation (Enc)	HT	A	10/1/2007	\$0.00		1
97003	Occupational Therapy Evaluation (Enc)	<b>-</b>	A	7/1/2008	\$0.00		1
97003	Occupational Therapy Evaluation (Enc)	TM	A	7/1/2008	\$0.00		1
97003	Occupational Therapy Evaluation (Enc)	HT	A	7/1/2008	\$0.00		1
97110	Therapeutic Proc, One/More Areas (per 15 min)		A	7/1/2008	\$0.00		8
97112	Neuromuscular Reeducation (Enc)		A	7/1/2008	\$0.00		1
97116 97150	Gait Training (includes stair climbing)		A	7/1/2008	\$0.00		8
	Therapeutic Procedures, Group (Enc)	\	A	7/1/2008	\$0.00		3
97530 97533	Theraputic Activities (dynamic activities) (each 15 min	)	A	7/1/2008 7/1/2008	\$0.00 \$0.00		<u>8</u> 4
97535	Sensory Integration Techniques (per 15 min) Self-Care/Home Mgmt Train (per 15 min)		A		\$0.00		4
97542	Wheelchair Management (each 15 min)		A A	7/1/2008 7/1/2008		Under 21 Under 21	8
97755	Assistive Techology Assessment (each 15 min)		_	7/1/2008		Under 21	8
97760	Orthotic Mgmt & Training (each 15 min)		A A	7/1/2008		Under 21	4
97761	ž į			7/1/2008	\$0.00		4
97762	Prosthetic Training (each 15 min) Check Out for Ortotic/Prosthetic use (each 15 min)		A A	7/1/2008	\$0.00		8
99361	Physician/Team Conference (per 30 min)		A	7/1/2008	\$0.00		2
99361	Physician/Team Conference (per 30 min)	TM	A	7/1/2008	\$0.00		1
99361	Physician/Team Conference (per 30 min)	HT	A	7/1/2008	\$0.00		1
99367	Medical team conference	111	A	7/1/2008	\$0.00		2
99367	Medical team conference	HT	A	7/1/2008	\$0.00		1
99367	Medical team conference	TM	A	7/1/2008	\$0.00		1
A0120	Non-Emer Transport, Mini-bus (one-way trip)	I IVI	A	7/1/2008	\$0.00		2
A0120	Non-Emer Transp, Wheelch Van (one-way trip)		A	7/1/2008	\$0.00		2
G9008	Coordinated Care Fee, Phys Oversight (Enc)		A	7/1/2008	\$0.00		1
G9012	Other Specified Case Management Serv. (up to 15 mi	n)	A	7/1/2008	\$0.00		8
G9012 G9041	Rehab. Services for Low Vision by an OT (each 15 mi		A	7/1/2008	\$0.00		8
G9041	Rehab. Serv. for Low Vision by an O&M (each 15 min		A	7/1/2008	\$0.00		8
H0004	Behavioral Hlth Couns & Ther (per 15 min)		A	7/1/2008	\$0.00		6
H0031	Mental Hith Assess, by Non-physician (Enc)		A	7/1/2008	\$0.00		1
H0031	Mental Hith Assess, by Non-physician (Enc)	TM	A	7/1/2008	\$0.00		3
H0031	Mental Hith Assess, by Non-physician (Enc)	HT	A	7/1/2008	\$0.00		3
S9484	Crisis Intervention, Men Hlth Serv (per hour)		Α	7/1/2008	\$0.00	Under 21	8

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T1001	Nursing Assessment/Evaluation (Enc)	TM	Α	7/1/2008	\$0.00	Under 21	1
T1001	Nursing Assessment/Evaluation (Enc)	HT	Α	7/1/2008	\$0.00	Under 21	1
T1002	RN Services (up to 15 min)		Α	7/1/2008	\$0.00	Under 21	4
T1003	LPN/LVN Services (up to 15 min)		Α	7/1/2008	\$0.00	Under 21	4
T1017	Targeted Case Mgmt (per 15 min)		Α	8/1/2008	\$0.00	Under 21	24
T1020	Personal Care Services (per day)		Α	7/1/2008	\$0.00	Under 21	1
T1024	Team Evaluation & Mgmt (Enc)	TM	Α	7/1/2008	\$0.00	Under 21	1
T2023	Targeted Case Mgmt (per month)		Α	7/1/2008	\$0.00	Under 21	1
V2799	Vision Services, Misc (Enc)		Α	7/1/2008	\$0.00	Under 21	1
V2799	Vision Services, Misc (Enc)	TM	Α	7/1/2008	\$0.00	Under 21	1
V2799	Vision Services, Misc (Enc)	HT	Α	7/1/2008	\$0.00	Under 21	1

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